

## Third Party Liability (TPL) (KEESM 2910)

A consumer can have other insurance coverage that may pay medical expenses. The number one TPL for our consumers on assistance is **MEDICARE**.

**Why is it so important to know what other insurance coverage an individual may have?**

- Medicaid is considered “the insurance of last resort” (All other resources must pay before Medicaid)
- Saves money (If another insurance carrier can be billed it saves funds that can be used to assist others who may have no other coverage)

**The following information should be obtained for any person who has health insurance:**

- ✓ Copy of insurance card with carrier/company name & address
- ✓ Name, address, phone number of insurance company
- ✓ Policy number
- ✓ Effective date of coverage
- ✓ Type of coverage
- ✓ Premium amount
- ✓ Policy holder name, social security number, date of birth, & relationship to beneficiary

Complete a **TPL Lead form** with above information and e-mail to the HP TPL Unit at [tpldistribution@ksxix.hcg.eds.com](mailto:tpldistribution@ksxix.hcg.eds.com) . This information will be put into the MMIS system and is used when a claim is processed. The TPL Lead Form can be found at [www.kmap-state-ks.us/Public/forms.asp](http://www.kmap-state-ks.us/Public/forms.asp) or in the Forms section of this manual (MS-2505 TPL Primary form).

**A TPL Lead form does not need to be completed for Medicare.** Medicare Part A and Part B information from EATSS (Electronic Access to Social Security) automatically populates the MEIN screen in KAECSSES. This is sent to MMIS. There will be situations when it does not populate automatically and you will need to input Medicare information manually on the MEIN screen. Medicare Part D is populated based on Part A and Part B information. Medicare Part D information can be found in the MMIS system.

5/2009

## **HIPPS (Health Insurance Premium Payment System) (KEESM 2912)**

The State of Kansas is permitted to purchase employer-based health insurance for all clients who have access to such coverage and it is determined to be cost effective. Staff should send HIPPS referrals when they become aware of a family where at least one member is working and has high medical expenses, a serious illness, or an employer offers low cost family coverage. The HIPPS form (ES-2504) can be found in the on-line KEESM manual.

For independent living cases, this means that a referral is not made if there is no indication of an ongoing condition (such as AIDS, cancer, heart problems) or the likelihood of meeting the spenddown.

## **Medical Subrogation KEESM 2910**

Individuals eligible for medical assistance are informed they have the responsibility to utilize all available medical resources and to inform the agency of any third parties which may have a legal obligation. The most common example is another insurance company when client is involved in an accident.

### **Example:**

**Thelma is taking a Sunday drive with her friend, Louise. As they are driving through the intersection, a red mustang runs a red light and hits the passenger side of the car. Thelma sustains injuries and is hospitalized. A couple of weeks later, Thelma calls her eligibility worker and tells her about the accident and how she is still recovering from it. The worker realizes that there is a possibility that Louise's car insurance may cover part or all of Thelma's medical expenses instead of Medicaid. The worker gets additional information from Thelma and is able to fill out the subrogation form. The completed form is sent to the Medical Subrogation Unit.**

It is the consumer's responsibility to cooperate and assist the agency in obtaining the necessary information so Louise's auto insurance company can be pursued for possible payment. The form can be completed by the consumer or the worker can assist the consumer.

5/2008